

# MORTGAGE SURVEY INFORMATION SHEET



**HOURS:** Monday through Friday - 707 N. Armstrong Place, Boise  
8 a.m. to 5 p.m.

## **FEES: Inspections**

Well Only	\$206.00
(survey \$196 + lab fee \$10.00)	
Septic Only	\$196.00
Both well and septic	\$206.00
1st Resample (lab fee)	\$10.00
2nd Resample	\$141.00
(reinspection fee - \$131 + lab fee - \$10)	

The inspector must have access to the entire area of the drainfield, septic tank, and/or well head.

**REINSPECTION FEE** of \$131 will be required if this office must make a third visit to the property for the following reasons.

- A. All major and minor well repairs, including reinspection of repairs such as a well cap and electrical conduit that is not properly fastened to the casing and/or not water tight.
- B. Revisit because we were unable to obtain a water sample for any reason.
- C. Second water resample due to a contaminated well.
- D. Dogs were not properly restrained
- E. Roof on well house too heavy

## **PROCESSING:**

The following items must be submitted at the time of application. Any incomplete surveys will not be processed until all the information has been submitted.

1. Verification of legal description. This can be obtained from income tax papers, deeds, irrigation notices, multiple listings, or homeowners insurance.  
( e.g. Lot 5 Bk 1 Mack's Sub or NE4 SW4 Sec10 T4N R1E )
2. A plot plan must be drawn on the application showing the location of the septic tank, any drainfields, and any domestic wells in relationship to the house.
3. If the septic tank has been or will be pumped, we will need a copy of the pumping receipt

## **QUESTIONS:**

You will be required to answer the following questions:

1. Is well head visible? If the well head is in the pump house or there is anything covering the well head, it must be either indicated on the application or removed so the inspector has access to the well head. If the well cap is loose, it must be tightened firmly. Cracked well heads may require replacement. If missing, one must be installed before completion of the survey.
2. Is the well on the property? The location of the well must be indicated on the application.

## **RESULTS:**

Septic Only results will be available within two working days. Any survey with the water sample test results will be available 3-5 days after the sample is taken.

**We will contact you by phone as soon as the survey is complete.**

## ENVIRONMENTAL HEALTH DIVISION



## Ada County

707 N. Armstrong Pl.  
Boise, ID 83704-0825  
Tel. 327-7499

## Boise County

707 N. Armstrong Pl.  
Boise, ID 83704-0825  
Tel. 327-7499

## Elmore County

520 E. 8th St. North  
Mountain Home, ID  
83647 Tel. 587-9225

## Valley County

703 N. 1st Street  
P.O. Box 1448  
McCall, ID 83638  
Tel. 634-7194

## FOR OFFICE USE ONLY

Parcel I.D. #

Fee

Receipt No.

Fee

Receipt No.

Fee

Receipt No.

☐ Will  
Call

☐ Mail  
Out

☐ Hold  
Resample

☐ WELL  
ONLY

☐ WELL-  
SEPTIC

☐ SEPTIC  
ONLY

Act.	EHS	Date	Travel Time / Insp. Time

## APPLICATION

Applicant's Name		Applicant's Address Street		City	Zip Code	Appl's Day Ph. #
Address of Property Street		City	Zip Code	Legal Description of Property		

<p>Yes No</p> <p>Well head is visible &amp; accessible . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>The well is on the property . . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>The house is currently occupied . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>Will dogs be restrained . . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>Has sewage system failed, been replaced or repaired in the last 12 months . . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>The septic system is functioning properly . . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>The septic system has been pumped within the last 3 years . . . . . <input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, when was it pumped _____</p> <p>Year home was built _____</p>	<p><b>PLOT PLAN FOR PROPERTY</b></p> <p>Please draw house, well, septic location and lot lines where applicable. * NOTE: The septic will be located in relationship to the well.</p>	<p><b>PARCEL #</b></p> <p>_____</p> <p><b>DIRECTIONS TO PROPERTY</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant/Agent's Signature

Date

X

**REFUND POLICY:** Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.

## SURVEY RESULTS

1. Our survey indicates the water supply is:

☐ Public \_\_\_\_\_ ☐ Individual Well ☐ Community Well \_\_\_\_\_ ☐ Other \_\_\_\_\_

a. Well is located \_\_\_\_\_ feet from the \_\_\_\_\_ of the house foundation.

b. The well casing is \_\_\_\_\_ inches ☐ above ☐ below ☐ grade ☐ floor ☐ in pit ☐ buried well

c. Water sample collected on \_\_\_\_\_ and tested for Intestinal bacteria. Resample Date \_\_\_\_\_

d. Intestinal bacteria ☐ were ☐ were not found in the water sample.e. ☐ Well head appears to be acceptable. ☐ Well head is not acceptable.

f. Field sample results for Nitrate \_\_\_\_\_ mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l)

Sample Date: \_\_\_\_\_

g. Field sample results for Nitrite \_\_\_\_\_ mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l)

Sample Date: \_\_\_\_\_

2. Our survey indicates the sewage system is:

☐ Public \_\_\_\_\_ ☐ Private Ind. ☐ Community \_\_\_\_\_ ☐ Other \_\_\_\_\_

a. Sewage disposal system permit issued by Health Authority on \_\_\_\_\_ and inspected/accepted on \_\_\_\_\_

b. Sewage disposal is \_\_\_\_\_ feet from the well and appears to be located on the \_\_\_\_\_ of the house.

c. Visual evidence of malfunction ☐ was ☐ was not present when surveyed on \_\_\_\_\_.

Comments or Special Instructions

(NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature

Date

Received by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CDHD 1/06 lkc